

SERFF Tracking Number:	MULF-126525418	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company (USA)	State Tracking Number:	45086
Company Tracking Number:	LE NEW BUSINESS RATES		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Leading Edge New Business Rates		
Project Name/Number:	/		

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)

Product Name: Leading Edge New Business Rates SERFF Tr Num: MULF-126525418 State: Arkansas

TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num: 45086
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LE NEW BUSINESS RATES	State Status: Closed

Filing Type: Rate

Reviewer(s): Harris Shearer
Disposition Date: 05/05/2010

Authors: Pat Hamlett, Joanne Witham, Richard Famiglietti

Date Submitted: 03/02/2010

Disposition Status: Approved
Implementation Date:

Implementation Date Requested: 06/01/2010

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/05/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/05/2010
Deemer Date:	Created By: Richard Famiglietti
Submitted By: Richard Famiglietti	Corresponding Filing Tracking Number:
Filing Description:	
Re: John Hancock Life Insurance Company (U.S.A.)	
Company NAIC # 65838; FEIN #: 01-0233346	
Individual Long-Term Care Insurance Submission	
Revised Actuarial Memo for Policy Form LTC-06 AR	

Dear Commissioner:

John Hancock recently had a merger of affiliate insurers into an existing company, John Hancock Life Insurance

SERFF Tracking Number: MULF-126525418 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45086
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Leading Edge New Business Rates
Project Name/Number: /

Company (U.S.A.) approved by your department on August 17, 2009, SERFF Tracking Number: MULF-126253992.

The forms associated with this new rate filing were previously approved under John Hancock Life Insurance Company and certified during the merger approval. The approval date and department file number referenced below represent the John Hancock Life Insurance Company approval.

We enclose the above referenced actuarial memo for your review and approval. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:

- Leading Edge policy form LTC-06 AR The actuarial memo/rates for this policy series was last approved by your Department on March 12, 2009, SERFF Tracking Number: MULF-126047669.

We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns and expenses, and an increase in our margins. The submitted rates are on average approximately 6.1% higher than current rates for this policy series. In addition, we have lowered the discount associated with our preferred rate class.

Subject to your approval, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states are approved. It is important to note that no rate change will be imposed on existing policyholders. These new rates will be applied on a prospective basis for new policyholders only once the launch date is determined.

Company and Contact

Filing Contact Information

Richard Famiglietti, Sr. Contract Consultant rfamiglietti@jhancock.com
200 Berkeley Street 617-572-1997 [Phone]
B-6-6 617-572-0399 [FAX]
Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company (USA)	CoCode: 65838	State of Domicile: Michigan
200 Berkeley Street	Group Code:	Company Type:
Boston, MA 02176	Group Name:	State ID Number:
(617) 572-6000 ext. [Phone]	FEIN Number: 01-0233346	

Filing Fees

SERFF Tracking Number:	MULF-126525418	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company (USA)	State Tracking Number:	45086
Company Tracking Number:	LE NEW BUSINESS RATES		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Leading Edge New Business Rates		
Project Name/Number:	/		

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR requires \$50 per rate, one rate filed.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (USA)	\$50.00	03/02/2010	34556055

SERFF Tracking Number:	MULF-126525418	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company (USA)	State Tracking Number:	45086
Company Tracking Number:	LE NEW BUSINESS RATES		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Leading Edge New Business Rates		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	05/05/2010	05/05/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
NEW BUSINESS RATES	Note To Filer	Harris Shearer	04/01/2010	04/01/2010

SERFF Tracking Number: *MULF-126525418* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (USA)* *State Tracking Number:* *45086*
Company Tracking Number: *LE NEW BUSINESS RATES*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Leading Edge New Business Rates*
Project Name/Number: /

Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved

Comment: The rates attached to this filing are approved for New Business only.

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MULF-126525418</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (USA)</i>	<i>State Tracking Number:</i>	<i>45086</i>
<i>Company Tracking Number:</i>	<i>LE NEW BUSINESS RATES</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Leading Edge New Business Rates</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Transmittal Form		Yes

SERFF Tracking Number: *MULF-126525418* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (USA)* *State Tracking Number:* *45086*
Company Tracking Number: *LE NEW BUSINESS RATES*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Leading Edge New Business Rates*
Project Name/Number: */*

Note To Filer

Created By:

Harris Shearer on 04/01/2010 01:12 PM

Last Edited By:

Harris Shearer

Submitted On:

05/05/2010 03:27 PM

Subject:

NEW BUSINESS RATES

Comments:

PLEASE ATTACH NEW BUSINESS RATES AS OUTLINED IN YOUR LETTER.

SERFF Tracking Number: MULF-126525418 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 45086
Company Tracking Number: LE NEW BUSINESS RATES
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Leading Edge New Business Rates
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: AR_CCIIIE_2010NewBusRates_cov.pdf		

	Item Status:	Status Date:
Satisfied - Item: Transmittal Form		
Comments:		
Attachment: Industry_rates_lh_trans.pdf		

John Hancock Life Insurance Company (U.S.A.)

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-6075
Direct: (617) 572-1997
Fax: (617) 572-0399
Email: rfamiglietti@jhancock.com



Richard Famiglietti
Senior Contract Consultant

LTC Contracts and Legislative Services

March 2, 2010

Commissioner Jay Bradford
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: **John Hancock Life Insurance Company (U.S.A.)**
Company NAIC # 65838; FEIN #: 01-0233346
Individual Long-Term Care Insurance Submission
Revised Actuarial Memo for Policy Form LTC-03 AR

Dear Commissioner:

John Hancock recently had a merger of affiliate insurers into an existing company, John Hancock Life Insurance Company (U.S.A.) approved by your department on August 17, 2009 SERFF Tracking Number: **MULF-126253992**. The forms associated with this new rate filing were previously approved under John Hancock Life Insurance Company and certified during the merger approval. The approval date and department file number referenced below represent the John Hancock Life Insurance Company approval.

We enclose the above referenced actuarial memo for your review and approval. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:

- Custom Care II policy form LTC-03 AR The actuarial memo/rates for this policy series were last approved by your Department on August 21, 2008, SERFF Tracking Number: **MULF-125419947**.

We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns and expenses, and an increase in our margins. The submitted rates are on average approximately 13.6% higher than current rates for this policy series. In addition, we have lowered the discount associated with our preferred rate class.

There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.

Subject to your approval, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states are approved. *It is important to note that no rate change will be imposed on existing policyholders. These new rates will be applied on a prospective basis for new policyholders only once the launch date is determined.*

This submission is being filed in all states and the District of Columbia.

The following items are included in this submission:

- the submission letter.
- all actuarial material.
- a \$50.00 filing fee (rate) submitted via EFT Transmission.
- all required certifications.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard Famiglietti", with a stylized flourish extending to the right.

Richard Famiglietti

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company (U.S.A.) P. O. Box 111 Boston, MA 02116	MI	Life & Health	904	65838	01-0233346	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Rich Famiglietti 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-1997	617-572-0399	rfamiglietti@jhancock.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	SERFF Filing # MULF-126525345
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____


8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>

9.	Type of Insurance	LTC03L Individual Long Term Care
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10.	Product Coding Matrix Filing Code	LTC03L.001 Qualified
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other
		Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
		SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div>

12.	Filing Submission Date	3/2/10			
13	Filing Fee (If required)	Amount	\$ 50.00	Check Date	EFT Transmission
		Retaliatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number	EFT Transmission
14.	Date of Domiciliary Approval	Pending approval in Michigan. Filing submitted in all states and the District of Columbia.			
15.	Filing Description:				
<p>Re: John Hancock Life Insurance Company (U.S.A.) Company NAIC # 65838; FEIN #: 01-0233346 Individual Long-Term Care Insurance Submission Revised Actuarial Memo for Policy Form LTC-03 AR</p> <p>Dear Commissioner:</p> <p>John Hancock recently had a merger of affiliate insurers into an existing company, John Hancock Life Insurance Company (U.S.A.) approved by your department on August 17, 2009 SERFF Tracking Number: MULF-126253992.</p> <p>The forms associated with this new rate filing were previously approved under John Hancock Life Insurance Company and certified during the merger approval. The approval date and department file number referenced below represent the John Hancock Life Insurance Company approval.</p> <p>We enclose the above referenced actuarial memo for your review and approval. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:</p> <ul style="list-style-type: none"> • Custom Care II policy form LTC-03 AR The actuarial memo/rates for this policy series were last approved by your Department on August 21, 2008, SERFF Tracking Number: MULF-125419947. <p>We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns and expenses, and an increase in our margins. The submitted rates are on average approximately 13.6% higher than current rates for this policy series. In addition, we have lowered the discount associated with our preferred rate class.</p> <p>There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.</p> <p>Subject to your approval, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states are approved. It is important to note that no rate change will be imposed on existing policyholders. These new rates will be applied on a prospective basis for new policyholders only once the launch date is determined.</p>					

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .			
Print Name	<u>Rich Famiglietti</u>	Title	<u>Sr. Contract Consultant</u>
			
Signature	<u></u>	Date:	<u>03/02/10</u>

LHTD-1, Page 2 of 2

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			LTC-03 AR	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum to LTC-03 AR	LTC-03 AR	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1